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Verified KOM

** CONTINUING DATA *****

This application is a CIP of 09/663,607 09/18/2000 PAT 6,721,597
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** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/12/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 17	TOTAL CLAIMS 219	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Krista Miller</i>	Initials <i>com</i>		

ADDRESS

21691
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TITLE *Active Housing and Subcutaneous Electrode Cardioversion/Defibrillating System*
~~Cardioverter defibrillator having a focused shocking area and orientation thereof~~

<i>KOM 2/3/06 per SPEC 11/28/05</i>	FILING FEE RECEIVED 2291	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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